

Massachusetts HIV/AIDS Surveillance Program

AIDS-Defining Conditions	Code
Candidiasis, bronchi, trachea or lungs	01
Candidiasis, esophageal	02
Carcinoma, invasive cervical	03
Coccidiomycosis, disseminated or extrapulmonary	04
Cryptococcosis, extrapulmonary	05
Cryptosporidiosis, chronic intestinal (>1 mo. duration)	06
Cytomegalovirus disease (other than in liver, spleen, or nodes)	07
Cytomegalovirus retinitis (with loss of vision)	08
HIV encephalopathy	09
Herpes simplex: chronic ulcers (> 1 mo. duration), bronchitis, pneumonitis or esophagitis	10
Histoplasmosis, disseminated or extrapulmonary	11
Isosporiasis, chronic intestinal (> 1 mo. duration)	12
Kaposi's sarcoma	13
Lymphoid interstitial pneumonia and/or pulmonary lymphoid	14
Lymphoma, Burkitt's (or equivalent)	15
Lymphoma, immunoblastic (or equivalent)	16
Lymphoma, primary in brain	17
<i>M. tuberculosis</i> , pulmonary	18
<i>M. tuberculosis</i> , disseminated or extrapulmonary	19
<i>Mycobacterium avium</i> complex or <i>M.kansasii</i> , disseminated or extrapulmonary	20
<i>Mycobacterium</i> , of other species/unidentified species, disseminated or extrapulmonary	21
<i>Pneumocystis carinii</i> pneumonia	22
Pneumonia, recurrent, in 12 mo. period	23
Progressive multifocal leukoencephalopathy	24
Salmonella septicemia, recurrent	25
Toxoplasmosis of brain	26
Wasting syndrome due to HIV	27

For use with the Massachusetts Confidential HIV/AIDS Case Report Form, section VII.

For additional information about HIV/AIDS case reporting please call: 617-983-6560